

AHP 7

Designing and implementing a musculoskeletal disorder self-risk assessment tool for health care professionals

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Aims:

1. Design a tool which could be utilised by nurses to identify their level of risk towards musculoskeletal disorders through an objective scale
2. To design a tool which would provide basic advice on how to avoid such injuries in order to facilitate better working practices

Methods: A self risk assessment tool was designed by means of a systematic review of recent relevant research papers, this included twelve questions, each relating to an individual factor known to precipitate musculoskeletal disorders (MSDs) in health care professionals. The questionnaire was then presented to 22 randomly selected nurses working at Zammit Clapp Hospital, who were asked to complete the tool.

Each risk factor was given a score of one if it had been encountered, or a score of zero if it had not been encountered. The tool therefore carried a minimum score of zero (no risk), and a maximum score of twelve (high risk). The participants were then asked if they were suffering from any musculoskeletal pain, and to rate this on a visual analogue scale (VAS), with a score of 10 indicating an indescribable amount of pain. The scores from the tool and the VAS were then correlated.

The tool was then placed in visible strategic areas around the ward which the nurses are known to frequent, their use was subsequently encouraged. One month later, participants were again asked to complete the tool and VAS.

Results: A statistically significant association was found between scores on the tool and VAS scores. Of the 22 nurses studied, 18 were followed up. Twelve had originally complained of pain, this number dropping to five after the one month intervention. Average scores on the tool and VAS also decreased.

Conclusions: The intervention was deemed a success on two fronts: the designed tool was deemed to predict the incidence of MSD pain in nurses. Secondly, the introduction of this tool decreased nurses' exposure to MSD risk factors and was coupled with a reduction in MSD pain in the short term.

FAM 1

Quality of referral letters for patient's referral to hospital

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Aims: Communication with colleagues and patients is an important component of high quality medical care. Referral tickets constitute a significant part of any health care system's communication workload. The purpose of this standards-based audit was to prospectively audit the quality of tickets referring inpatients and outpatients to the Department of Medicine under the care of a medical firm by:

- producing baseline data regarding the amount and quality of information written on referral tickets;

- determining whether there are any variations between the amount of information disclosed by Private GPs, GPs in Health Centres and other referring agents, and;
- introducing a quality improvement initiative to address areas of weakness revealed by the baseline audit, and if need be, to produce a new format for referral tickets.

Methods: The audit was carried out over a period of three months (April – June 2009). Standard criteria and scores were set up taking into account the most important issues that should be addressed in the referral ticket, including:

- Demographic Data,
- Presenting Complaint,
- Past Medical History,
- Drug History,
- Social History,
- Examination Findings, and
- Systemic Enquiry

Results: Initial findings revealed significant deficiencies across the board in the quality of the referral tickets especially with regard to information on the presenting complaint, examination findings and systemic enquiry. They also revealed noteworthy variations between tickets issued by private GPs, GPs in health centres and other referring agents. Results are being further analysed using the Predictive Analytics Software (formerly known as SPSS).

Conclusions: An action plan shall be formulated to improve the quality of referral letters. Good practice guidance for writing letters shall be produced. This shall include a broad template document to be recommended for use by all doctors.

FAM 2

Health Behaviour Counselling in Primary Care: General Practitioner-Reported Rate and Confidence

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Aims: The aim of the study was to identify variables associated with GPs' self-reported rate of health behaviour change counselling and confidence in counselling abilities. The study also tried to elucidate the association of doctors' personal health behaviours with self-reported rate of health behaviour counselling and confidence in counselling abilities.

Methods: This study was based on a similar study done at the Mayo Clinic, Rochester, USA, which was published in the journal, Family Medicine, by Vickers, et al., (2007). 326 questionnaires were mailed to all GPs on the specialist register. The survey was completely anonymous. Self-reported items assessed rate of health behaviour change counselling, perceived importance of counselling, extent of counselling training, confidence in counselling abilities, and GP personal health behaviours. Comparison of the results of the 2 studies was made. Using the same questionnaire a semi-qualitative approach was used to identify GPs' barriers to, and perceptions about, health behaviour counselling.

Results: The response rate was 70 per cent. The male doctors were slightly overweight and their exercise frequency on a regular basis was low. Almost 74 per cent of the doctors never smoked. Quantitative analysis showed that perceived importance of